

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 10 PM 2:40

DOCUMENT # **826969** (8)

1. Corporation Name
ROLLINS LEASING CORP.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ONE ROLLINS PLAZA P.O. BOX 1791 WILMINGTON DE 19899	ONE ROLLINS PLAZA P.O. BOX 1791 WILMINGTON DE 19899

3. Date Incorporated or Qualified 11/02/1971	3a. Date of Last Report 01/20/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-1736091	Applied For Not Applicable
21	26		
22. Suite, Apt. #, etc	27. Suite, Apt. #, etc	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR, DAVID F	12 NAME	PRESIDENT
STREET ADDRESS	ONE ROLLINS PLAZA	13 STREET ADDRESS	BROWN, J. LARRY
CITY, ST, ZIP	WILMINGTON DE	14 CITY, ST, ZIP	
TITLE	S	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEET, JOHN C JR	22 NAME	PEET, J. CARLSLE III.
STREET ADDRESS	ONE ROLLINS PLAZA	23 STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	24 CITY, ST, ZIP	
TITLE	VT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINNER, FRANK	32 NAME	
STREET ADDRESS	ONE ROLLINS PLAZA	33 STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR, DAVID F.	42 NAME	
STREET ADDRESS	ONE ROLLINS PLAZA	43 STREET ADDRESS	
CITY, ST, ZIP	WILMINGTON DE	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Frank Minner* **FRANK MINNER** 1/11/95 (308) 426-2831
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR